ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE C	DNLY	
ATTORNEY FOR (Name):				
NAME OF COURT:				
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME: PLAINTIFF/PETITIONER:				
FLAINTIFF/FETTHONER.				
DEFENDANT/RESPONDENT:				
		CASE NUMBER:		
DECLARATION				
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date:				
Date.				
(TYPE OR PRINT NAME)	•	(SIGNATURE OF DECLARANT)		
, 	Petitioner/Plaintiff		Attorney	
	Other (specify):	Trespondent/Detendant	L	
(See reverse for a form to be used if this declaration will be attached to another court form before filing)				

	Lau
PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	
This form must be attached to another form or court paper before it ca	an be filed in court.
I declare under penalty of perjury under the laws of the State of Cali	ifornia that the foregoing is true and correct.
Date:	
	(SIGNATURE OF DECLARANT)
(THE CONTINUE)	Petitioner/Plaintiff Respondent/Defendant Attorney
	Other (Specify):
(See reverse for a form to be used if this declaration is no	ot to be attached to another court paper before filing)